

**REVOCATION OF POWER OF
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/661,281
Filing Date	9/12/03
First Named Inventor	Michael Rivers, Jr.
Art Unit	3617
Examiner Name	JULES, Franz
Attorney Docket Number	42208.0400

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I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

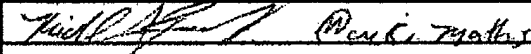
☐ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Marc C. Mathis		
Address	20 Bunker Hill Rd		
City	New Castle	State	DE
Country	USA		
Telephone	302-668-8139	Email	marccmathis@msn.com

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Marc C. Mathis		
Date	9/14/05	Telephone	302-668-8139

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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